



U.S. Department of State

Bureau of Human Resources/Office of Retirement

**REQUEST FOR CHANGE OF CORRESPONDENCE ADDRESS/E-MAIL ADDRESS**

Name <i>(Last, First, MI.)</i>		Social Security Number
<b>New Address Information</b>		
Street Address	<hr/> <hr/> <hr/>	
City, State, ZIP Code	<hr/>	
Telephone Number	<hr/>	
E-mail Address	<hr/>	
<b>Old Address Information</b>		
Old Street Address	<hr/> <hr/> <hr/>	
City, State, ZIP Code	<hr/>	
Signature	<hr/>	
Date <i>(mm-dd-yyyy)</i>	<hr/>	
<p><b>PLEASE RETURN THIS FORM TO:</b> Bureau of Human Resources Office of Retirement - Room H620 SA-1 Washington, D.C. 20522-0108</p>		